Arkansas Early Childhood Comprehensive Systems Initiative

Social-Emotional Health Work Group – October 20, 2004, 1 – 3 p.m.
Members Present: Sherrill Archer, Patti Bokony, Bruce Cohen, Jannie Cotton, Dana Gonzales, Carol Ann Lee, Berthena Nunn, Ann Patterson, Martha Reeder, Dan Sullivan, and Paula C. Watson

Agenda Item #1: Updated Logic Model Template

Discussion: Patti discussed how to organize and come up with an implementation plan. Based on the last meeting and the work since, it is a lot simpler than the group was making it. The difference between planning and implementation was discussed.

Patti The updated logic model that was passed out was reviewed. She had integrated the given goals and re-organized what the group had done previously. Patti reminded folks of the need for looking at cross cutting issues. The goals were reviewed one by one and discussed.

Sherrill informed this group that another work group was looking at a web site and suggested a link. Patti noted that this is an intervention. Martha and Deborah indicated that the example they supplied about the logic model is just one way to do it. In discussing indicators of social-emotional health, Martha noted that the school-readiness group is looking for some specific indicators.

Bruce suggested parking the implementation issues while the group clarified the plan. Bruce also noted that in defining indicators of social-emotional health, what you might observe out in the world as an indicator of social-emotional health or lack of it might be different from the indicators you might use to screen or evaluate a child's social-emotional health.

Result: Updated template for completing the logic model was distributed.(See Attached)

Inputs (Objective: Public Awareness)—
- Expert Consultation (focus groups)
- Staff Time
- Documents—
  Getting Ready for School (2003)
  Kindergarten Readiness Calendar
- Public and Private Partnerships
- Raise local/national awareness of Arkansas activities

(Objective: Strengthen child/parent/caregiver relationship)—
- A curriculum or module for social-emotional development will be available statewide
- Serve as advisor/consultants – coordinate with Family Support Work Group

(Objective: Focus on Prevention and early interventions to better met the mental health needs of young children—
- Pilot Test
- Review results of screenings
  Input: Results of current screenings
- General State Enhancement Grant
  Activity: Survey state or private entities about current resources

Agenda Item #1, Continued: Updated Logic Model Template	
Discussion: Patti noted the importance of getting media help for creativity. She discussed her efforts. Tyson will supplement childcare for their employees (example of partnership). Martha suggested getting them to underwrite and support parenting efforts. Inputs for second goal would include web. Martha suggests adding Mark Cooper's social-emotional curricula and disseminating this as an objective. We need to be sure it is what we want to go out and need to see where he is in implementation and revisions of this project. Maybe we want to distribute modules vs. a curricula. (This would be a short-term objective.) Discussion about applying for a system of care grant and using Georgetown for Technical Assistance. The Center for Social Emotional Growth is pushing for their own curricula. We feel in Arkansas that one size does not fit all. Martha noted that we can get some technical assistance over and above our funding for specific training. Patti suggests doing to Georgetown for TA on systems initiatives. Jannie noted that evaluation is typically the weak link in previous submissions. Patti noted the evaluation expertise we could tap into. It was suggested that accessing Medicaid funding for early childhood prevention and early intervention would be a good idea. An activity would be to meet with Medicaid and CMHC's to maximize Medicaid funding for early intervention. It was noted that Roy Jeffus has indicated in the past a willingness to discuss the issue. In a discussion about writing grants, Martha noted that maybe Arkansas is not doing a good job of showing up on the national radar about our efforts. No Arkansas efforts were reported at a recent national meeting she attended. Maybe what is needed is to market what we are doing in Arkansas to get some national exposure.	**Result:** Activity— • Apply for systems of care grant Georgetown – TA • Discussion with Medicaid, others about funding issues • Integration of infant-early childhood mental health issues in current conferences, etc.

TASKS: Patti will continue to update the logic model and send a copy to the office for including (distribution) with the minutes.

Agenda Item #2: Planning Grant vs. Implementation Grant	
Discussion: Martha noted that there is an accelerated schedule to apply for the implementation grant in by January 27, 2005. The deadline was originally April of next year. Martha's aim inn Arkansas is to have a final deadline for completion of the plan by Summer (June) 2005. This work group seems to be further along than other work groups and could possibly have their work completed by the end of January. We must remember this work group has been in existence much longer than the other groups. She indicated that we could continue our schedule as is and then apply for implementation funding later. Martha noted that there may be some competition for funds for implementation. She felt that none of the other states were ready either. Question: Is there an advantage to push for implementation? Martha clarified that the feds will give another year of funding for planning. Discussion was held on the pros and cons of going either way. Martha noted that there is an incentive grant you can apply for during the implementation phase that is a special project that arises out of implementation ($50,000). She suggested that we be thinking of something special that we could do and apply for this same time as the implementation grant.	**Result:** Dana, our evaluator, suggested going for the extra year of planning. During the extra year of planning, we can sponsor a pilot project.

Agenda Item #3: Resources	
Discussion: Martha suggested that we identify resources we need to accomplish the activities. **There are some projects on other work groups planning table that will need input from this group.** Martha discussed a toolkit for childcare providers and a preschool readiness calendar as proposed by another workgroup. The calendar was based on some underlying framework. Social-emotional issues may not be as fully developed in that project and would benefit from some guidance to help focus, target, and provide them with good underlying research. Martha also noted one more issue— the Early Care and Education Work Group is working on trying to increase quality childcare by a system of enhanced reimbursement for increasing levels of quality improvements.	**Result:** Martha noted that November 9, 9 to 11 a.m., the Family Support Work Group is meeting to discuss this concept of some kind of tool as just described in the Baker Building on Markham and University. Members from this group were encouraged to attend. Martha also reminded the group to check the website for updates.

Agenda Item #3, Continued: Resources	
Discussion: They are considering enacting a "tier" system using the "star" structure. Different components of quality will be represented at each tier of the quality. She defined some of the quality indicators: ◆ Training and education ◆ Quality of environment itself ◆ Learning environment (indoors and outdoor) ◆ Parent/Family/Community 　　　Parent Involvement Plan 　　　Resources for Family Support 　　　Ability of facility to support child's home 　　　　　needs Martha focused on family/parent/community collaboration as one that would cut across groups. Parent and community involvement is a weak link in current efforts. She outlined some of the purposes of the proposed toolkit in this area. The Family Support and Medical Home Work Groups want to look at the Head Start model for family involvement. Patti mentioned the difference between private and public providers of childcare and the need to tailor efforts and timeframes for each type of provider.	**Result:**

TASKS:

Paula was asked to survey the Social-Emotional Health Group again for best meeting dates and times.

NOTE: Next Meeting Date-- Thursday, November 18, 1 – 3 p.m.

Problem/Issue	Goal	Outcome Objectives*	Inputs	Activities	Short-term Outcomes	Long-term Outcomes
Many children are not developing the social-emotional skills needed to succeed in school due to: • Limited family/provider education, • Limited access to mental health services that are family-friendly, • Inequitable system of care, • Lack of communication across agencies in the state	1. Strengthen the foundation for a collaborative system to link social-emotional health and early childhood concerns.	**1A.** Increase public awareness of the importance of social-emotional health to overall health and school readiness.	*Getting Ready For Schoo;, Kindergarten Readiness Calendar;* Study Circles (insert name here); Staff for literature review; Expert consultation; UAMS Family Foundation Project (ACF grant) Brief Parenting Interventions; public/private partnerships (e.g. advertising, marketing).	Meetings with group members and partners to: 1) Define indicators of social-emotional health and associated terminology 2) Locate or develop an information sheet/brochure/website/toolkits about the importance of social-emotional health 3) Identify a state agency or program that can be used as a central contact for social-emotional information 4) Develop a marketing plan 5) Participate in local/national conferences and networks 6) Coordinate with other AECCSI workgroups	Information about social-emotional health will be distributed across the state	Children are healthier (as indicated by improvement in health indicators) because the pubic values social-emotional health as necessary to overall health, development, and wellbeing.

		1B. Strengthenthe caregiver-child relationship, and relationships among early childhood providers, mental health professionals, young children parents (i.e. improve relationships across systems).	Socialemtional curricula; Staff for literature review; National Alliance for the Mentally Ill; Mental Health Institute; Georgetown T/TA (i.e. Joan Dodge); Center for Social-Emotional Learning Foundations; Findings of pilot study of mental health consultation	Meetings with partners will meet to integrate early childhood into existing systems (e.g. mental health, | a) Social-emotional curricula/modules are available for staff training and early childhood classrooms. b) Social-Emotional Health workgroup members serve as advisory members of Family Support workgroup c) Arkansas applies for SAMHSA system of care and state infrastructure grants for children's mental health d) Multi-agency (e.g. Medicaid, DHS, ADAP), flexible funding for family support, prevention and early intervention in early childhood settings	• Parents, providers, and professionals of young children are well-trained and competent in social-emotional development. • Families and providers are aware of and access supports when needed. • Health information technology is used to communicate across systems and over time

| | | **1C**. Focus on prevention and early intervention to better meet the mental health needs of young children and their families (i.e. develop a continuum of care) | Screeningtools; Department of Education and DDS State Enhancement Grant; | 1) Review current results of social-emotional screenings that are being done in Arkansas (e.g. Head Start, Pre-K; DDS)
2) Survey current public and private entities offering prevention and early intervention to identify target populations, capacity, and resources
3) Establish a workgroup to a) identify a functional screening measure that can be used across systems; b) define threshold to refer for services; c) develop training for administering, scoring, interpreting screening
4) Provide trainings and continuing education for family and providers about importance of social-emotional health
5) Define competencies related to training
6) Improve data collection
7) Utilize accurate data in decision-making | a) Piloting of social-emotional component in health and development screening for young children
b) Piloting of assessments to identify emotional/developmental needs of young children | • Adequate and stable resources for prevention, early intervention, and treatment services are available and accessible throughout the state;
• All systems of care incorporate a uniform, standardized social-emotional screening in assessment process including EPSDT.
• There is a paradigm shift/ new model to encourage prevention and family-friendly treatment and reduce out-of-home placements. |

				Meetings with higher education and providers to: • Define and develop curriculum •	• Social-emotional development and evidence-based treatment are infused in higher education curriculum	• Professional training and education provide a workforce ready to support social-emotional development
		1D. Facilitate professional development training opportunities for mental health and early childhood providers				

		1E. A coalition of partners will use a resource mapping process to develop the capacity for expanded, shared resources available to families and providers (reworded some)	Facility for meetings Money for snacks and beverages Project staff time to collect existing resources directories Resources to develop and maintain website, 1800 number, etc.	• Identify baseline of needs assessments and databases currently available • Identify products (web-based, 1-800, paper) • Identify partners • Identify barriers • Develop action plan to collect, analyze, report, update, and sustain resource map	Uniform mapping of resources across the state (database)	• Families and providers have access to resources (funding, training, and services) across the state.

*Taken from AECC description of objectives for social-emotional health